

Cohort 06 of 08

Late-Life Housing Collapse: Men 55–75

A purpose, competence, and peer-connection model: centred on the working shed, social prescribing, and male peer support.

Maggie Hall · Researcher and Founder, Project Humanity · Newcastle NSW

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Men 55–75 · Post-Divorce · Social Isolation · Men's Shed Model · Social Prescribing · Male Peer Support

The Invisible Crisis

Older men experiencing housing crisis represent one of the least visible and most inadequately served populations in Australian social housing. The pathway into crisis is consistent: relationship breakdown (leaving the man without the social network the relationship maintained); employment disruption (redundancy or health-forced exit); health decline (accelerated by loss of domestic support); and male stoicism; a culturally trained reluctance to seek help that means the crisis is often severe before it is visible.

*"Give a man a shed and a reason to open it in the morning, and
you have given him more than housing."*

Men who feel useful, skilled, and connected to other men recover. Men who feel like beneficiaries of charity do not. The campus presents as accommodation with a community workshop: not a men's mental health service.

ZONE 1 · RESIDENTIAL: DIGNITY AND AUTONOMY

- 1-bed and 2-bed units only: no studios; space enough for dignity and for guests
- Each unit with workshop-scale storage: tools, hobbies, equipment valued and accommodated
- Ground-floor units for mobility needs: anticipating age-related change
- Accessible bathrooms with grab rails standard: not labelled as 'disability units'

- Pets permitted: the dog is frequently the only social relationship remaining
- External private space for every unit: patio or courtyard

ZONE 2 · COMMUNITY HUB: THE SHED MODEL

- Working shed: fully equipped (woodwork, metalwork, small engine repair, electronics) run by residents
- Men's Shed affiliation: connection sought with the Australian Men's Shed Association
- Skills-exchange economy: residents teach each other (cooking, trades, computers, languages) not charity
- Volunteering integration: maintenance, mentoring youth residents, garden; builds purpose
- Communal breakfast or lunch 3 days/week: low-pressure anchor points structured around a task
- Sport and movement: bowls, walking group, social sport; incidental connection through activity

ZONE 3 · HEALTH AND CLINICAL SUPPORT

- GP visiting clinic weekly: men in this cohort often have unmanaged chronic conditions
- Men's health checks: blood pressure, skin checks, and GP conversations about prostate testing, normalised as part of campus life
- Mental health: male-identified counsellor; framed as 'talking to someone', not 'mental health treatment'
- Alcohol support: managed, not punished; dependency alongside the primary crisis
- Social prescribing: GP can prescribe shed time, walking group, cooking class as clinical intervention
- Advance care planning: supported for those who want it; calm context, not crisis context

Age range	55–75 primary cohort
Primary pathway	Divorce / relationship breakdown
Social network post-separation	Frequently absent
Companion animals	Often a dog, and sometimes the last close bond
Unit mix	12 × 1-bed, 6 × 2-bed: 18 units total
Ground floor	8 units: mobility access
Workshop storage	All units: large built-in

Men's Shed

Affiliation sought with the Australian Men's Shed
Association

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